



APPLICATION FOR RECIPROCITY AND INITIAL LICENSE FEE

Incomplete applications will be returned.

ATS ID Number (For official use only)

RECIPROCITY REQUIREMENTS

The board shall grant a license without examination to practice to an out of state applicant if the applicant submits all of the following to the board:

- (a) A completed application form and all fees required by the board.
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.
 - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

Check Box for type of license you are applying:

☐ **C**osmetologist
\$50.00

☐ **B**arber
\$50.00

☐ **E**lectrologist
\$50.00

☐ **M**anicurist
\$35.00

☐ **E**sthetician
\$40.00

SECTION A: APPLICANT INFORMATION

Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year					

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number
()

E-mail Address (Not required)

SECTION B: QUALIFICATIONS

Please certify and initial the following:

_____ I certify I have held an ACTIVE _____ license in the State of _____ for at least 3 years.

_____ I certify my license is in good standing with the State identified above.

_____ I certify my license is not revoked, suspended, or otherwise restricted and I have not been subject to disciplinary action or a criminal conviction.

_____ I certify I have requested a Certification of licensure from the above stated State to be sent **directly** to the California Board.

License Number : _____ Issue Date: _____ Expiration Date: _____

SECTION C: BACKGROUND INFORMATION

1. Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? Yes ☐ No ☐

If yes, please provide below an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received for each conviction. Your application will be delayed by 2 to 6 months if the information provided is not complete.

- Include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.
- A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.
- Letters of reference from past and/or current employers.

You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).

2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? Yes ☐ No ☐

If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records verification of restitution received by the court, and verification of successful completion of probation.

3. Do you hold any additional licenses issued by the Board of Barbering and Cosmetology? Yes ☐ No ☐

If yes, provide license type(s), number(s) and date(s) issued: _____

SECTION D: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to the profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant

Date



INFORMATION COLLECTION, ACCESS AND DISCLOSURE

***This statement is for your information.**

The Information Practices Act, Sec. 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

AGENCY NAME:

Board of Barbering and Cosmetology

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:

Executive Officer

ADDRESS:

2420 Del Paso Road, Suite 100, Sacramento, CA 95834

INTERNET ADDRESS:

www.barbercosmo.ca.gov

TELEPHONE AND FAX NUMBERS:

(916) 574-7570 phone (916) 575-7281

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:

Sections 7300 to 7457, inclusive, comprising Chapter 10 Division 3, of the California Business and Professions Code.

CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION:

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:

The information requested will be used to determine qualifications for licensure or certification to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

ANY KNOWN OR FORESEEABLE DISCLOSURES WHICH MAY BE MADE OF THE INFORMATION:

Your completed application becomes the property of the board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code Section 6250 et seq.) and the Information Practices Act (Civ. Code Section 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

SOCIAL SECURITY NUMBER (SSN) DISCLOSURE

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. Section 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.